

STATE OF KANSAS  
OFFICE OF THE ATTORNEY GENERAL  
120 SW 10TH AVENUE, 2ND FLOOR, TOPEKA, 66612-1597  
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CEVC  
FY2006

**GRANT PROJECT STATISTICAL REPORT**

**Due October 15th, January 17th, April 15th, and July 15th**

Three-Month Reporting Period: \_\_\_\_\_ Grant #: \_\_\_\_\_

Name and Address of Subgrantee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone #: ( ) \_\_\_\_\_  
Fax #: ( ) \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Signature: \_\_\_\_\_

<u>GROUPS</u>	<u>VISITATION</u>	<u>EXCHANGE</u>	<u>TOTAL</u>
1. Number of <u>New</u> Client Groups:	_____	_____	_____
2. Number of <u>Returning</u> Client Groups:	_____	_____	_____
3. Total Number of <u>New</u> and <u>Returning</u> Client Groups:	_____	_____	_____
4. Number of <u>Continuing</u> Client Groups:	_____	_____	_____
<u>INDIVIDUALS</u>	<u>VISITATION</u>	<u>EXCHANGE</u>	<u>TOTAL</u>
5. Number of <u>New</u> Individuals:	Adults _____	_____	_____
	Children _____	_____	_____
6. Number of <u>Returning</u> Individuals:	Adults _____	_____	_____
	Children _____	_____	_____
7. Total Number of <u>New</u> and <u>Returning</u> Individuals:	_____	_____	_____
8. Number of <u>Continuing</u> Individuals:	Adults _____	_____	_____
	Children _____	_____	_____
9. Total Number of Supervised Visitation Contacts:			_____
10. Total Number of Supervised Exchange Contacts:			_____
11. Number of <u>Returning</u> and <u>Continuing</u> Client Groups Formerly Receiving Visitation Services, but Now Receiving Exchange Services:			_____
12. Number of <u>Returning</u> and <u>Continuing</u> Client Groups Formerly Receiving Exchange Services, but Now Receiving Visitation Services:			_____

**New and Returning Individuals**

13. **Person Responsible for Bringing the Child(ren) to the Program:**

Guardian ad litem \_\_\_\_\_

CASA \_\_\_\_\_

Child Placement Agency \_\_\_\_\_

Other (specify) \_\_\_\_\_

**TOTAL (all categories):** \_\_\_\_\_

### INDIVIDUALS

**New and Returning Individuals**

14. **Race/Ethnicity:**

	<b>Females</b>		<b>Males</b>	
White/Caucasian	_____		_____	
Black/African American	_____		_____	
Native American	_____		_____	
Spanish/Hispanic/Latino	_____		_____	
Asian or Pacific Islander	_____		_____	
Bi-Racial	_____		_____	
Other (specify)	_____		_____	
<b>TOTAL:</b>	_____	+	_____	= _____

**New and Returning Individuals**

15. **Age:**

	<b>Females</b>		<b>Males</b>	
0 to 2	_____		_____	
3 to 5	_____		_____	
6 to 8	_____		_____	
9 to 11	_____		_____	
12 to 14	_____		_____	
15 to 17	_____		_____	
18 to 27	_____		_____	
28 to 35	_____		_____	
36 to 43	_____		_____	
44 to 51	_____		_____	
52 to 59	_____		_____	
60 +	_____		_____	
<b>TOTAL:</b>	_____	+	_____	= _____

**New and Returning Individuals**

16. **Special Needs:**

	<b>Adults</b>		<b>Children</b>	
Physical	_____		_____	
Mental Health	_____		_____	
Non-US Citizen	_____		_____	
Non-English Speaking	_____		_____	
Other (specify)	_____		_____	
<b>TOTAL (all categories):</b>	_____		_____	_____

**New and Returning Individuals**

17. **Sex of Adults:**

	<b>Females</b>		<b>Males</b>	
Residential	_____		_____	
Non-Residential	_____		_____	
<b>TOTAL (all categories):</b>	_____		_____	_____

### GROUPS

**New and Returning Client Groups**

18. **Marital Status of Adult Client Groups:**

	<b>Visitation</b>		<b>Exchange</b>	
Never Married	_____		_____	
Married	_____		_____	
Separated	_____		_____	
Divorced	_____		_____	
Other (specify)	_____		_____	
<b>TOTAL (all categories):</b>	_____		_____	_____

<b>New and Returning Client Groups</b>		
19.	<b>Source of Referral:</b>	
	Courts	_____
	Private Attorney	_____
	Other Family Member(s)	_____
	Domestic Violence Program	_____
	Mental Health Professional	_____
	Self-Referral	_____
	Other (specify)	_____
	<b>TOTAL (all categories):</b>	=====

<b>New and Returning Client Groups</b>		
20.	<b>Reason for Referral:</b>	
	Partner Abuse	_____
	Child Physical Abuse	_____
	Child Sexual Abuse	_____
	Child Neglect	_____
	Substance Abuse	_____
	Mental Illness	_____
	Flight Risk	_____
	Family Re-integration	_____
	Other (specify)	_____
	<b>TOTAL (all categories):</b>	=====

<b>New and Returning Client Groups</b>			
21.	<b>Frequency of Contacts:</b>	<b>Visitation</b>	<b>Exchange</b>
	Monthly	_____	_____
	Bimonthly	_____	_____
	Weekly	_____	_____
	Biweekly	_____	_____
	More than twice a week	_____	_____
	<b>TOTAL (all categories):</b>		=====

<b>New and Returning Client Groups</b>				
22.	<b>Paying for Services:</b>	<b>Visitation</b>	<b>Exchange</b>	<b>TOTAL</b>
	No Payment	_____	_____	
	Partial Payment	_____	_____	
	Full Payment	_____	_____	
	<b>TOTAL (all categories):</b>			=====

<b>New and Returning Client Groups</b>			
23.	<b>Participation is:</b>	<b>Visitation</b>	<b>Exchange</b>
	Voluntary	_____	_____
	Mandatory	_____	_____
	<b>TOTAL (all categories):</b>		=====

24. **Length of Time Client Groups Continue Participating in Service:**

(Cases closed in this quarter)

	Visitation	Exchange
1 to 2 months	_____	_____
3 to 5 months	_____	_____
6 to 9 months	_____	_____
10 months to 1 year	_____	_____
2 years	_____	_____
3 years	_____	_____
4 or more years	_____	_____

**TOTAL (all categories):**

=====

25. **Number of Client Groups Successfully Completing the Service:**

(Cases closed in this quarter)

Visitation	Exchange
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\_\_\_\_\_

\_\_\_\_\_

=====

26. **Number of Terminations of Service:** (Cases closed in this quarter)

=====

27. **Referrals Made During This Reporting Period:**

Drug/Alcohol Treatment

\_\_\_\_\_

Private Attorney

\_\_\_\_\_

Domestic Violence Program

\_\_\_\_\_

Mental Health Professional

\_\_\_\_\_

Batterers' Treatment

\_\_\_\_\_

Other (specify)

\_\_\_\_\_

**TOTAL (all categories):**

=====

28. **Number of Client Groups Applying for Services or Referred to Your Program:**

Visitation

Exchange

TOTAL

\_\_\_\_\_

\_\_\_\_\_

=====

29. **Number of Client Groups the Agency is Unable to Serve:**

Security Risk

\_\_\_\_\_

Inappropriate Referral

\_\_\_\_\_

Agency Has Reached Maximum Capacity

\_\_\_\_\_

Client's Financial Inability

\_\_\_\_\_

Other (specify)

\_\_\_\_\_

**TOTAL (all categories):**

=====

30. **Number of Security Related Incidents:**

(Please specify the nature of the incident)

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